

P041000109415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

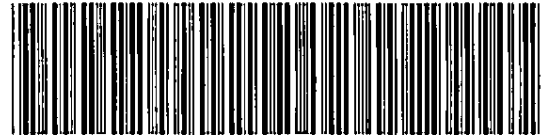
(Business Entity Name)

(Document Number)

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STATE  
TALLAHASSEE, FLORIDA

OLD RES.

R. WHITE

JUN 06 2018

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Maestracci Corp.

(Name of Corporation)

DOCUMENT NUMBER: P04000109415

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gabriel Maestracci

(Name of Person)

Maestracci Corp.

(Name of Firm/Company)

14850 NW 44 Court Ste 205

(Address)

Opa Locka FL 33054

(City/State and Zip Code)

For further information concerning this matter, please call:

Gabriel Maestracci

(Name of Person)

at ( 954 ) 489-9091

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.



**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

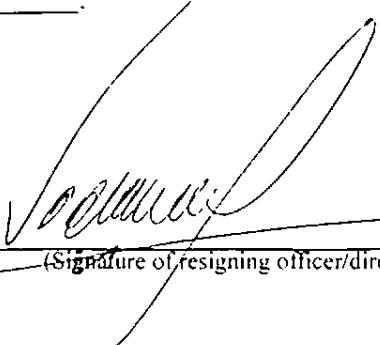
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Virginia Maria Rosario, hereby resign as Vice President  
(Title)

of Maestracci Corp.  
(Name of Corporation)

P04000109415, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**  
**18 JUN -5 PM 2:13**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA